

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for

Kentucky Group Health Insurance
Board Members

January 2010

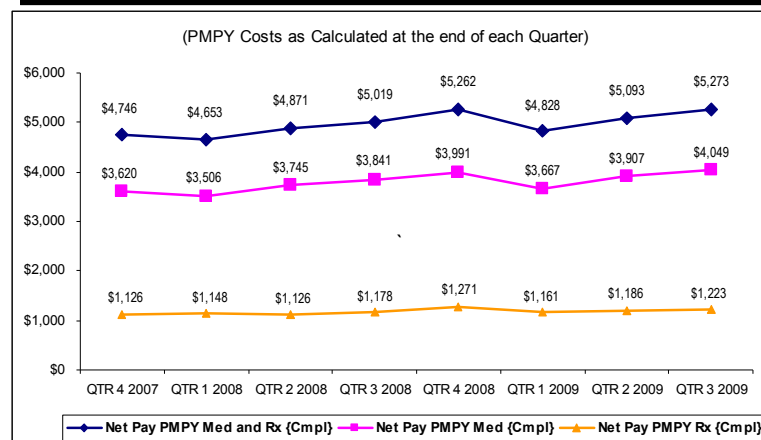
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not yet Reported Claims (IBNR or CMPL)

Enrollment

Fact	Oct 2008 - Sep 2009	Oct 2007 - Sep 2008	% Change
Employees Avg Med	156,118	153,742	1.50%
Members Avg Med	257,265	250,640	2.60%
Family Size Avg	1.6	1.6	1.10%
Member Age Avg	38.0	38.0	-0.10%

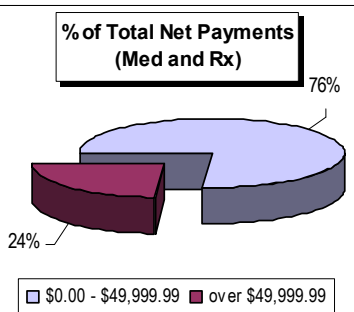
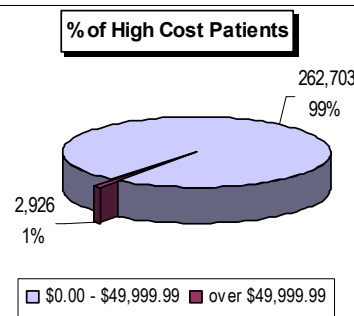
Net Incurred Claims Cost Per Member



Allowed Claims Costs PMPY with Norms

	Oct 2007 - Sep 2008	Oct 2008 - Sep 2009	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,103.39	\$4,381.20	7%	\$3,490.19	20.34%
Allow Amt PMPY IP Acute {Cmpl}	\$1,134.15	\$1,212.04	7%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$2,958.65	\$3,151.77	7%	\$2,352.25	25.37%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,419.92	\$1,570.48	11%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$1,012.89	\$1,021.35	1%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$253.11	\$278.00	10%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$516.20	\$542.63	5%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$346.01	\$401.19	16%	\$476.80	-18.85%
Allow Amt PMPY Rx {Cmpl}	\$1,345.52	\$1,437.27	7%	\$931.55	35.19%
Out of Pocket PMPY Rx {Cmpl}	\$200.98	\$227.09	13%	\$0.00	N/A

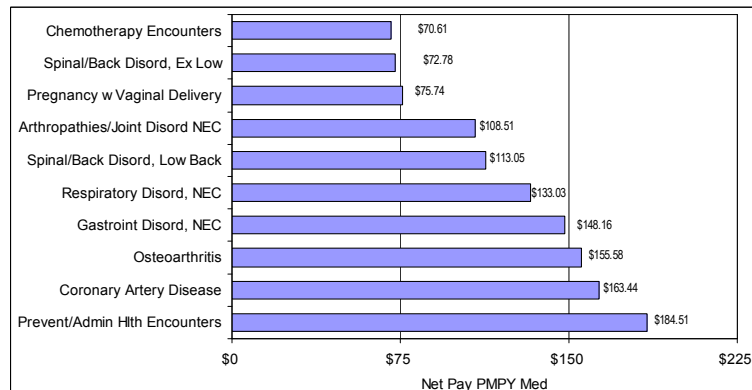
High Cost Claimants October 08 - September 09



Prescription Drug Programs

	Fact	Oct 2007 - Sep 2008	Oct 2008 - Sep 2009	% Change
Mail Order	Discount Off AWP % Rx	38.59%	39.15%	1.46%
	Scripts Generic Efficiency Rx	88.55%	90.36%	2.05%
Retail	Discount Off AWP % Rx	38.47%	37.87%	-1.54%
	Scripts Generic Efficiency Rx	91.51%	93.27%	1.92%
Total	Discount Off AWP % Rx	38.49%	38.09%	-1.02%
	Scripts Generic Efficiency Rx	91.35%	93.11%	1.93%
	Scripts Maint Rx % Mail Order	8.10%	8.13%	0.32%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Oct 2007 - Sep 2008	Oct 2008 - Sep 2009	% Change
Allow Amt Per Day Adm Acute	\$3,193.57	\$3,408.42	6.73%
Days Per 1000 Adm Acute	349.57	345.17	-1.26%
Allow Amt Per Visit OP Fac Med	\$774.80	\$840.02	8.42%
Visits Per 1000 OP Fac Med	1,832.62	1,857.17	1.34%
Allow Amt Per Visit Office Med	\$115.60	\$114.37	-1.07%
Visits Per 1000 Office Med	8,761.04	8,843.37	0.94%
Allow Amt Per Day Supply Rx	\$2.30	\$2.45	6.39%
Days Supply PMPY Rx	585.05	587.19	0.37%

Cost Drivers—Utilization and Price Trends

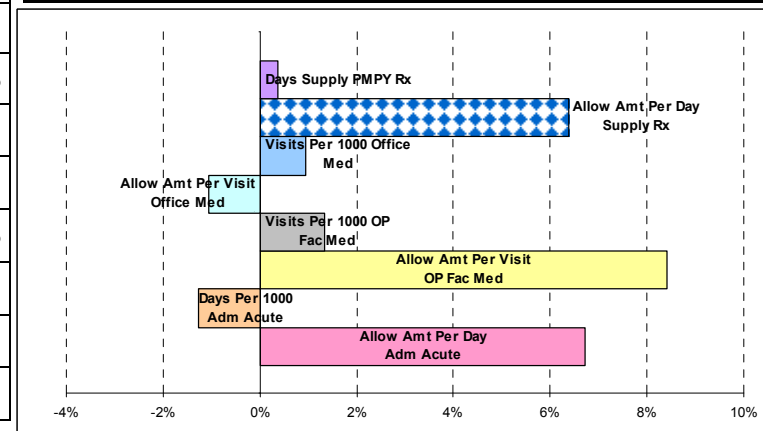


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of **258,809** members as well as **7,973,124** claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

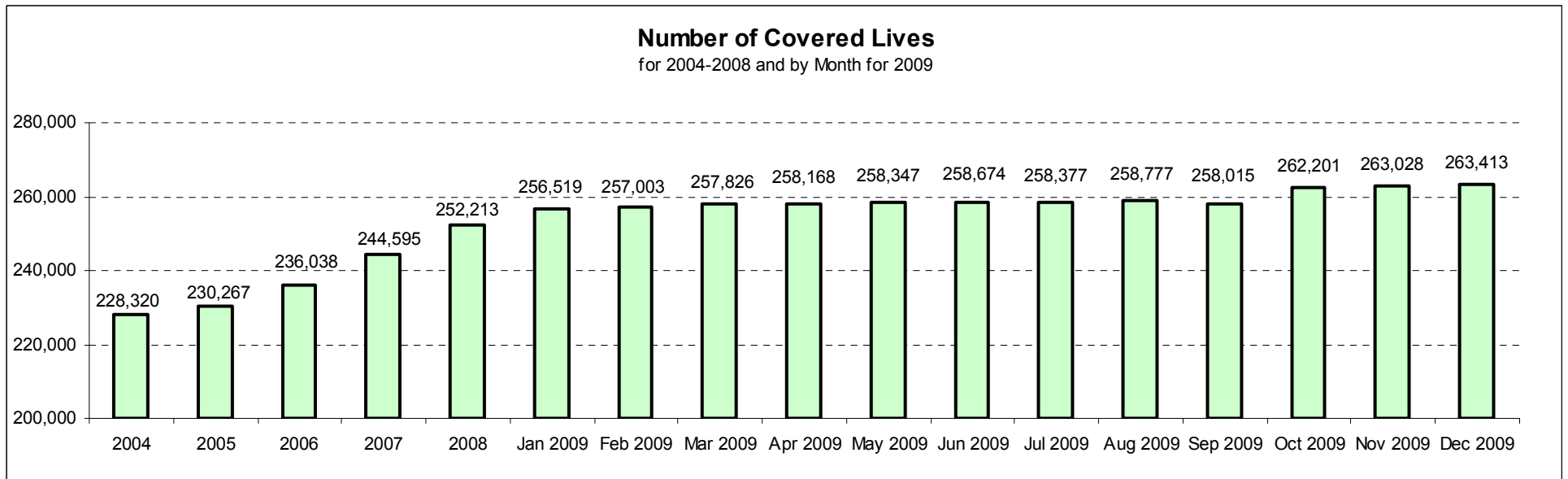
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, Commonwealth Select, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart show planholder enrollment (contracts) for 2004-2008 and monthly year-to-date for 2009. Enrollment will fluctuate on a monthly basis. (Approximately 8,000 cross-referenced spouses in any given month are not included)

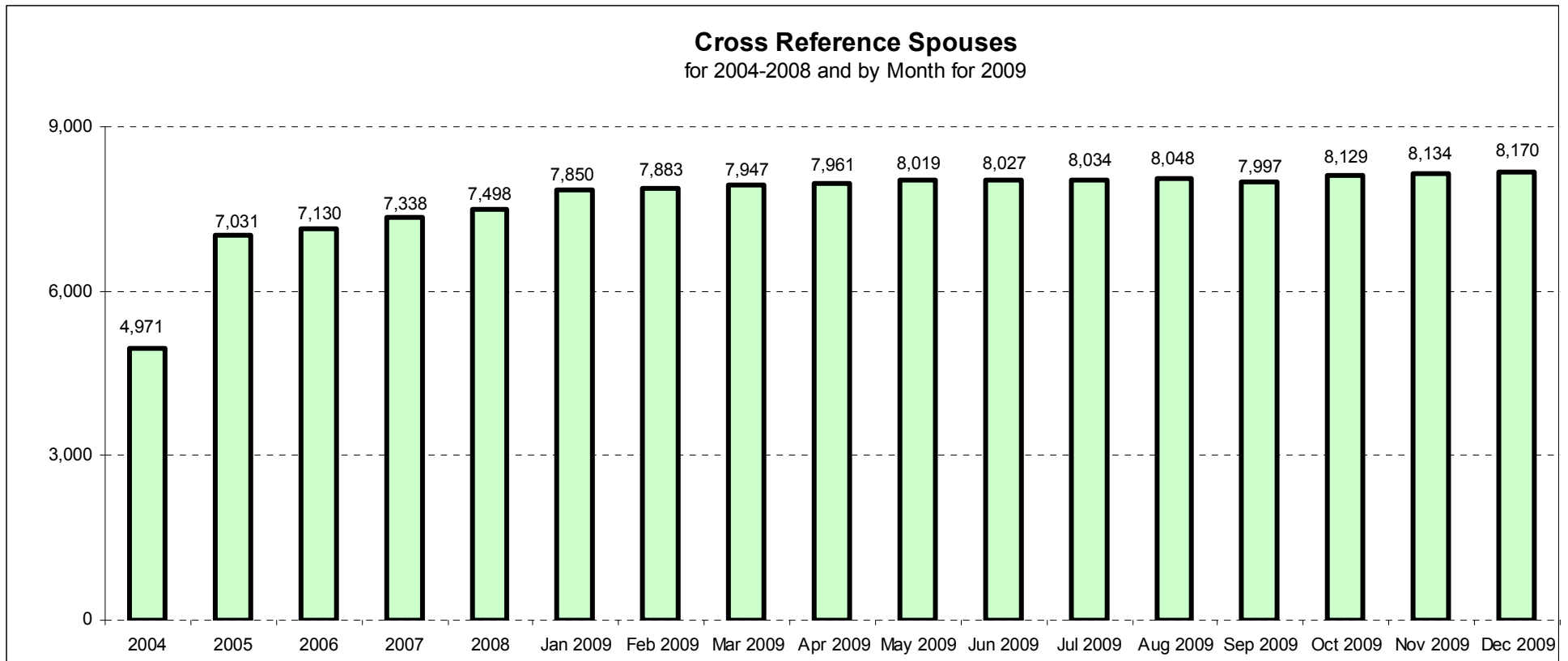


The following chart show member enrollment (covered lives) for 2004-2008 and monthly year-to-date for 2009. Enrollment will fluctuate on a monthly basis.



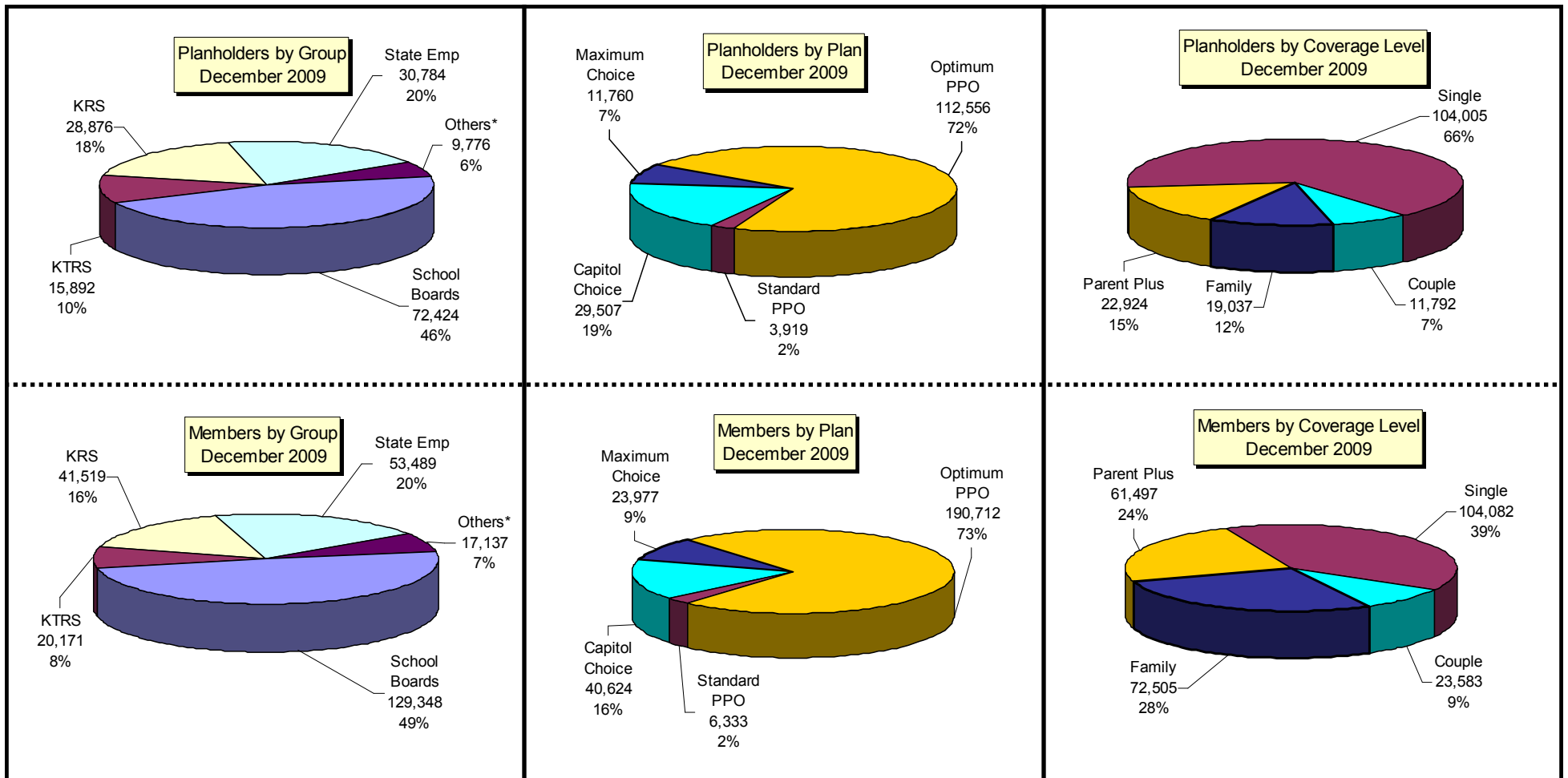
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2004-2008 and monthly year-to-date for 2009. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

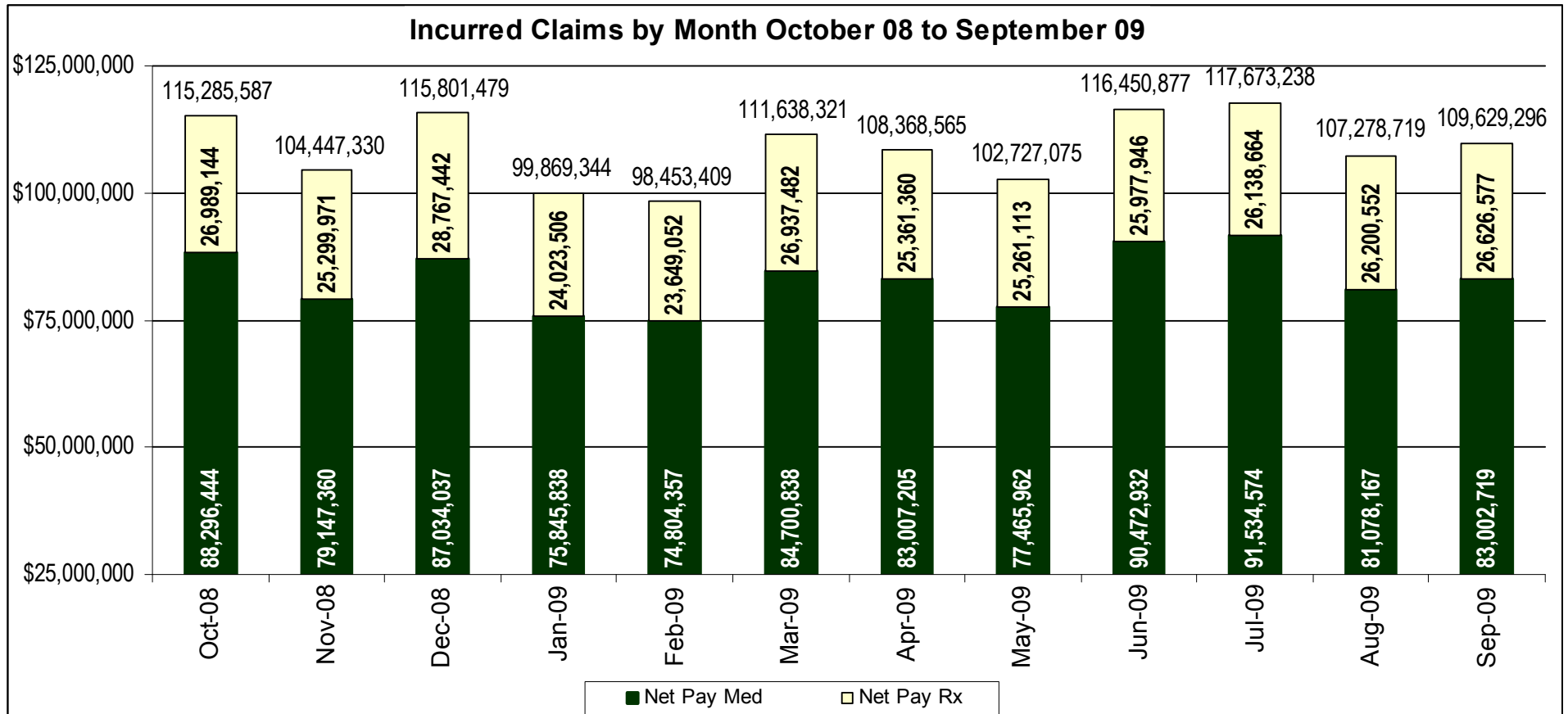
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent **incurred** claims by **Group** for 2004 - 2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	246,147,555	70,821,610	105,467,391	123,091,625	44,876,807	\$590,404,988
2005	258,583,635	80,446,325	122,103,230	127,041,805	47,167,061	\$635,342,056
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$363,476,502	\$104,794,842	\$170,000,212	\$160,830,475	\$55,069,957	\$854,171,987
2008	\$403,641,515	\$109,557,709	\$194,897,243	\$178,977,568	\$64,002,533	\$951,076,568
Jan-09	\$31,689,870	\$9,799,266	\$15,971,531	\$13,401,402	\$4,983,769	\$75,845,838
Feb-09	\$29,490,049	\$8,810,564	\$17,574,733	\$13,674,068	\$5,254,944	\$74,804,357
Mar-09	\$34,323,513	\$10,624,742	\$18,722,622	\$15,198,900	\$5,831,062	\$84,700,838
Apr-09	\$34,458,532	\$10,089,414	\$18,849,525	\$14,014,537	\$5,595,195	\$83,007,205
May-09	\$31,494,627	\$8,929,600	\$17,071,511	\$14,397,839	\$5,572,386	\$77,465,962
Jun-09	\$41,224,906	\$10,309,236	\$18,384,931	\$14,852,801	\$5,701,058	\$90,472,932
Jul-09	\$40,451,563	\$10,578,098	\$19,285,281	\$15,170,946	\$6,048,685	\$91,534,574
Aug-09	\$32,398,981	\$10,372,741	\$18,267,571	\$14,734,409	\$5,304,465	\$81,078,167
Sep-09	\$33,867,210	\$10,628,582	\$18,588,759	\$14,087,075	\$5,831,094	\$83,002,719

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others	Totals
2004	\$65,369,460	\$24,608,695	\$34,687,723	\$32,464,692	\$11,366,382	\$168,496,952
2005	\$69,923,171	\$27,111,849	\$39,719,334	\$34,313,525	\$12,446,641	\$183,514,521
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,252,263	\$42,193,015	\$72,423,151	\$51,452,350	\$17,567,397	\$297,888,177
Jan-09	\$8,945,667	\$3,495,723	\$6,418,177	\$3,799,432	\$1,364,506	\$24,023,506
Feb-09	\$8,890,131	\$3,424,360	\$6,151,248	\$3,866,962	\$1,316,351	\$23,649,052
Mar-09	\$10,355,359	\$3,817,706	\$6,974,885	\$4,282,826	\$1,506,706	\$26,937,482
Apr-09	\$9,479,233	\$3,624,907	\$6,762,171	\$4,088,215	\$1,406,835	\$25,361,360
May-09	\$9,527,420	\$3,623,864	\$6,553,037	\$4,105,385	\$1,451,406	\$25,261,113
Jun-09	\$9,802,618	\$3,718,225	\$6,872,993	\$4,080,654	\$1,503,456	\$25,977,946
Jul-09	\$9,699,357	\$3,928,689	\$6,866,507	\$4,146,543	\$1,497,568	\$26,138,664
Aug-09	\$9,686,750	\$3,803,078	\$6,905,765	\$4,271,408	\$1,533,551	\$26,200,552
Sep-09	\$9,970,072	\$3,892,234	\$6,943,590	\$4,278,593	\$1,542,088	\$26,626,577

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent **incurred** claims by **Plan** for 2004-2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Commonwealth				Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
	Enhanced	Essential	Premier	Select						
2005	\$224,106,646	\$5,699,906	\$398,937,012	\$870	\$0	\$0	\$0	\$0	\$3,206,256	\$631,950,690
2006	\$288,475,412	\$5,444,088	\$450,349,287	\$2,662	\$12,098	\$2,313	\$2,001	\$80,928	\$3,974,007	\$748,342,797
2007	\$338,717,549	\$5,049,175	\$499,351,543	\$7,241,677	\$8,146	\$2,173	\$10,878	\$65,746	\$3,725,099	\$854,171,987
2008	\$378,932,543	\$5,451,975	\$549,418,101	\$12,119,878	\$188,763	\$16,278	\$166,967	\$1,180,266	\$3,601,797	\$951,076,568
Jan-09	\$31,010	\$0	\$74,210	\$8,564	\$8,565,394	\$788,321	\$2,990,445	\$63,176,480	\$211,414	\$75,845,838
Feb-09	N/A	N/A	N/A	N/A	\$8,128,419	\$946,238	\$2,820,272	\$62,718,577	\$190,852	\$74,804,357
Mar-09	N/A	N/A	N/A	N/A	\$10,349,311	\$1,149,088	\$2,948,476	\$69,924,918	\$329,045	\$84,700,838
Apr-09	N/A	N/A	N/A	N/A	\$8,585,120	\$1,066,138	\$3,576,812	\$69,316,306	\$462,829	\$83,007,205
May-09	N/A	N/A	N/A	N/A	\$8,070,466	\$1,514,647	\$3,492,531	\$64,018,356	\$369,962	\$77,465,962
Jun-09	N/A	N/A	N/A	N/A	\$9,403,757	\$1,676,622	\$3,951,315	\$75,074,863	\$366,374	\$90,472,932
Jul-09	N/A	N/A	N/A	N/A	\$10,528,242	\$1,495,543	\$4,164,261	\$74,855,488	\$491,039	\$91,534,574
Aug-09	N/A	N/A	N/A	N/A	\$10,100,151	\$1,175,272	\$3,597,143	\$65,898,067	\$307,534	\$81,078,167
Sep-09	N/A	N/A	N/A	N/A	\$9,456,209	\$1,055,347	\$3,372,519	\$68,722,285	\$396,359	\$83,002,719

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Commonwealth				Capitol Choice	Standard PPO	Maximum Choice	Optimum PPO	Missing*	Total
	Enhanced	Essential	Premier	Select						
2005	\$54,479,575	\$1,131,785	\$97,251,249	\$22	\$0	\$0	\$0	\$0	\$549,273	\$182,825,330
2006	\$86,176,113	\$1,164,651	\$148,805,657	\$185	\$129	\$70	\$460	\$3,784	\$977,662	\$237,128,711
2007	\$98,794,003	\$968,767	\$162,084,866	\$1,413,084	\$252	\$1,366	\$0	\$9,536	\$549,794	\$263,821,668
2008	\$113,904,242	\$974,330	\$180,377,608	\$1,928,059	\$11,826	\$2,371	\$3,722	\$83,379	\$602,641	\$297,888,177
Jan-09	\$15,333	\$11	\$39,805	\$2,289	\$2,657,644	\$293,458	\$67,470	\$20,879,456	\$68,039	\$24,023,506
Feb-09	\$0	\$0	\$0	\$0	\$2,630,334	\$274,410	\$196,621	\$20,492,848	\$54,840	\$23,649,052
Mar-09	\$0	\$0	\$0	\$0	\$3,127,587	\$298,910	\$352,159	\$23,105,591	\$53,235	\$26,937,482
Apr-09	\$0	\$0	\$0	\$0	\$2,856,806	\$329,472	\$463,965	\$21,669,659	\$41,459	\$25,361,360
May-09	\$0	\$0	\$0	\$0	\$2,858,371	\$301,408	\$557,221	\$21,496,069	\$48,043	\$25,261,113
Jun-09	\$0	\$0	\$0	\$0	\$3,032,200	\$302,527	\$664,272	\$21,915,043	\$63,903	\$25,977,946
Jul-09	\$0	\$0	\$0	\$0	\$2,971,052	\$280,760	\$719,810	\$22,118,351	\$48,692	\$26,138,664
Aug-09	\$0	\$0	\$0	\$0	\$2,974,097	\$294,584	\$761,132	\$22,109,115	\$61,623	\$26,200,552
Sep-09	\$0	\$0	\$0	\$0	\$3,006,534	\$295,524	\$874,416	\$22,400,492	\$49,611	\$26,626,577

* Missing means the claims could not be tagged to a specific plan.

Claims Costs *(continued)*

The following represents **incurred medical claims only** (does not include Rx) by **Coverage Level** for 2004-2008 and monthly year-to-date for 2009.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,155,863	\$103,820,755	\$86,067,017	\$316,270,259	\$5,091,095	\$590,404,989
2005	\$87,262,576	\$118,825,706	\$89,324,478	\$333,524,271	\$3,206,647	\$632,143,678
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,560,111	\$179,360,602	\$139,043,833	\$490,509,217	\$3,602,806	\$951,076,568
Jan-09	\$10,804,753	\$13,831,960	\$12,352,757	\$38,644,955	\$211,414	\$75,845,838
Feb-09	\$11,512,866	\$14,145,535	\$11,182,455	\$37,773,090	\$190,412	\$74,804,357
Mar-09	\$12,470,128	\$16,303,552	\$12,331,546	\$43,275,806	\$319,807	\$84,700,838
Apr-09	\$13,323,496	\$15,793,794	\$11,143,418	\$42,299,985	\$446,512	\$83,007,205
May-09	\$11,395,850	\$14,979,523	\$10,600,132	\$40,141,693	\$348,765	\$77,465,962
Jun-09	\$12,966,390	\$17,582,151	\$12,658,022	\$46,925,458	\$340,912	\$90,472,932
Jul-09	\$12,520,744	\$17,288,516	\$13,700,249	\$47,534,026	\$491,039	\$91,534,574
Aug-09	\$12,007,206	\$16,012,588	\$11,851,867	\$40,900,890	\$305,617	\$81,078,167
Sep-09	\$12,756,707	\$16,028,768	\$11,882,775	\$41,938,110	\$396,359	\$83,002,719

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$25,937,109	\$29,646,733	\$19,042,131	\$93,046,913	\$824,066	\$168,496,952
2005	\$28,909,801	\$34,195,948	\$19,163,801	\$99,866,288	\$689,492	\$182,825,330
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,556,935	\$54,562,337	\$34,743,899	\$159,451,794	\$573,213	\$297,888,177
Jan-09	\$3,996,023	\$4,206,100	\$2,817,447	\$12,938,593	\$65,342	\$24,023,506
Feb-09	\$3,878,030	\$4,295,516	\$2,835,166	\$12,591,409	\$48,932	\$23,649,052
Mar-09	\$4,380,902	\$4,885,774	\$3,354,901	\$14,266,983	\$48,923	\$26,937,482
Apr-09	\$4,205,062	\$4,630,255	\$2,918,812	\$13,568,590	\$38,642	\$25,361,360
May-09	\$4,180,027	\$4,716,989	\$2,822,868	\$13,500,186	\$41,043	\$25,261,113
Jun-09	\$4,352,199	\$4,778,289	\$2,890,734	\$13,899,719	\$57,005	\$25,977,946
Jul-09	\$4,382,955	\$4,838,993	\$2,932,779	\$13,938,088	\$45,849	\$26,138,664
Aug-09	\$4,282,507	\$5,024,293	\$2,970,964	\$13,869,251	\$53,537	\$26,200,552
Sep-09	\$4,280,798	\$5,216,990	\$3,142,672	\$13,939,426	\$46,691	\$26,626,577

*Unable to tag claims to a specific coverage level

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for Jan-Sep 2009.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	69.79	79.57	-12.29%	3.77	4.01	-6.03%	262.94	310.81	-15.40%
Maximum Choice	54.97	65.8	-16.47%	3.75	4.05	-7.57%	205.86	242.51	-15.11%
Optimum PPO	92.23	76.2	21.03%	3.99	4.29	-7.03%	368.02	303.73	21.17%
Standard PPO	76.82	74.51	3.09%	4.76	4.71	0.89%	365.32	299.9	21.81%
Total	73.45	74.02	-0.77%	4.07	4.27	-4.63%	300.54	289.24	3.91%

Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med {Rcnt SGovt}	%Diff from {Rcnt SGovt}	Visits Per 1000 ER	Visits Per 1000 ER {Rcnt SGovt}	%Diff from {Rcnt SGovt}
Capitol Choice	7,380.71	8,144.76	-9.38%	182.36	217.73	-16.24%
Maximum Choice	5,721.59	6,769.17	-15.48%	169.33	218.01	-22.33%
Optimum PPO	9,609.74	8,042.63	19.49%	241	215.49	11.84%
Standard PPO	5,213.84	7,782.17	-33.00%	231.55	214.14	8.13%
Total	6,981.47	7,684.68	-9.59%	206.06	216.34	-4.65%

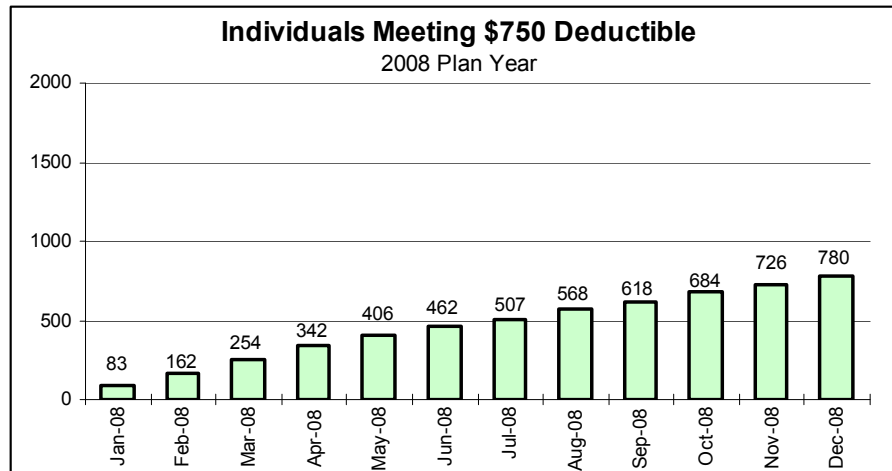
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab {Rcnt US}	%Diff from {Rcnt US}	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad {Rcnt US}	%Diff from {Rcnt US}
Capitol Choice	7,839.98	7,130.66	9.95%	2,687.43	2,347.32	14.49%
Maximum Choice	5,724.72	5,478.18	4.50%	1,795.65	1,671.23	7.44%
Optimum PPO	10,483.36	6,828.86	53.52%	3,484.46	2,292.92	51.97%
Standard PPO	6,129.90	6,722.45	-8.81%	2,072.07	2,170.73	-4.54%
Total	7,544.49	6,540.04	14.79%	2,509.90	2,120.55	17.34%

*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

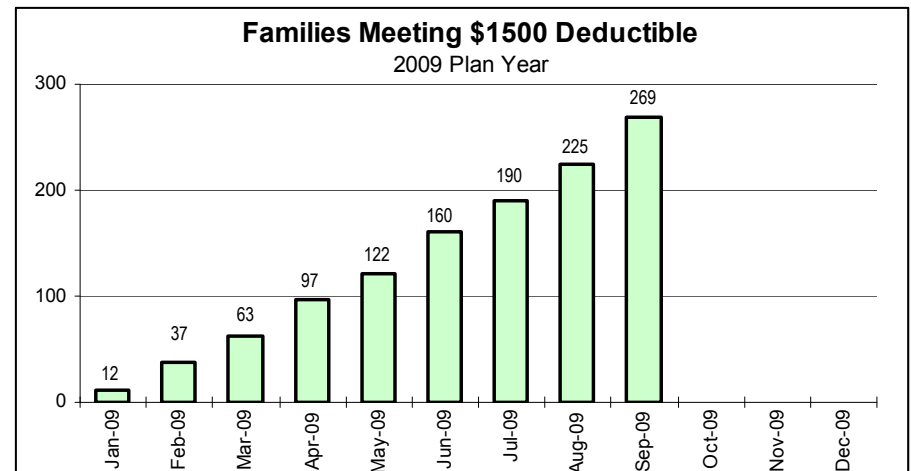
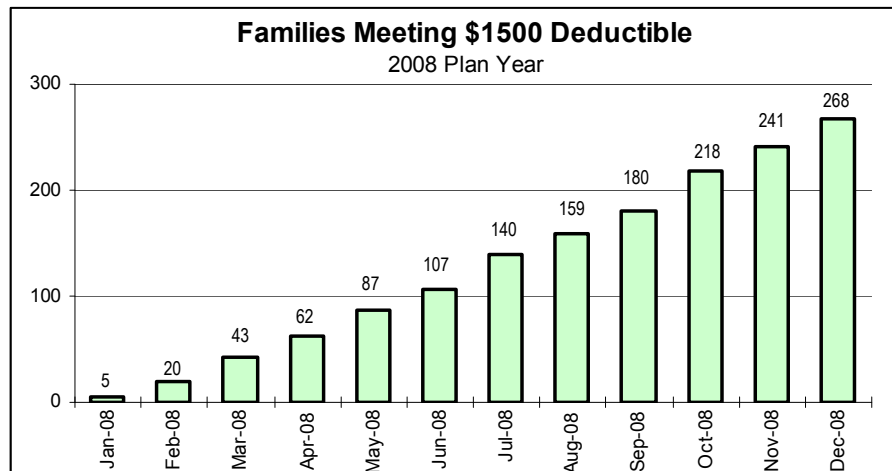
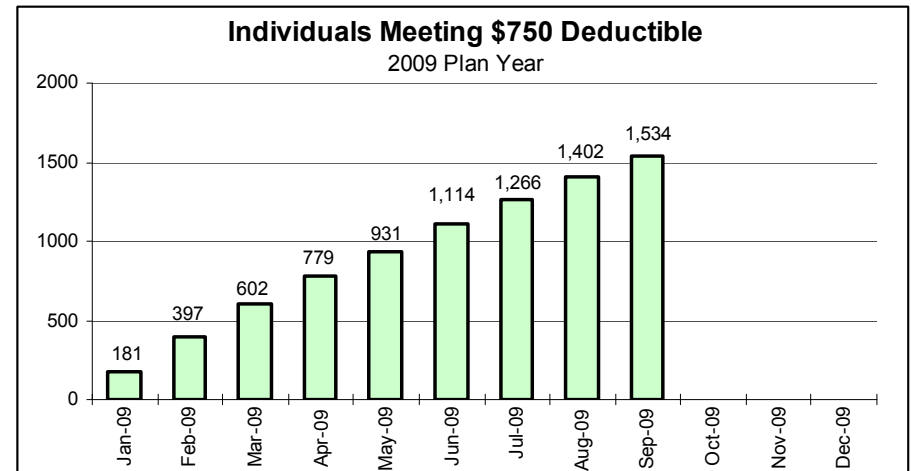
Analysis of Individuals and Families Meeting Their Deductibles

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Essential



Standard PPO



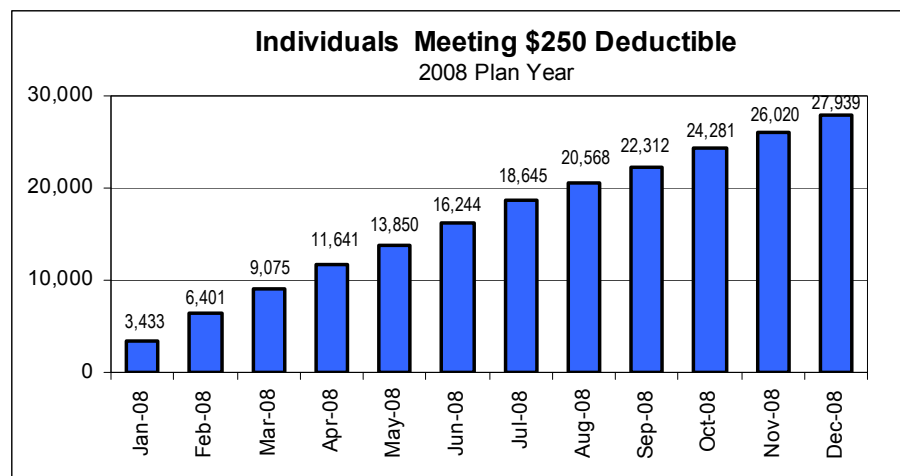
Individuals and Families in Essential Plan			
2005:	18.58%	of Individuals and	11.69% of Families met their Deductibles.
2006:	22.14%	of Individuals and	16.35% of Families met their Deductibles.
2007:	22.41%	of Individuals and	17.38% of Families met their Deductibles.
2008:	24.25%	of Individuals and	19.28% of Families met their Deductibles.

Individuals and Families in Standard PPO Plan			
2009:	25.40%	of Individuals and	6.48% of Families met their Deductibles.

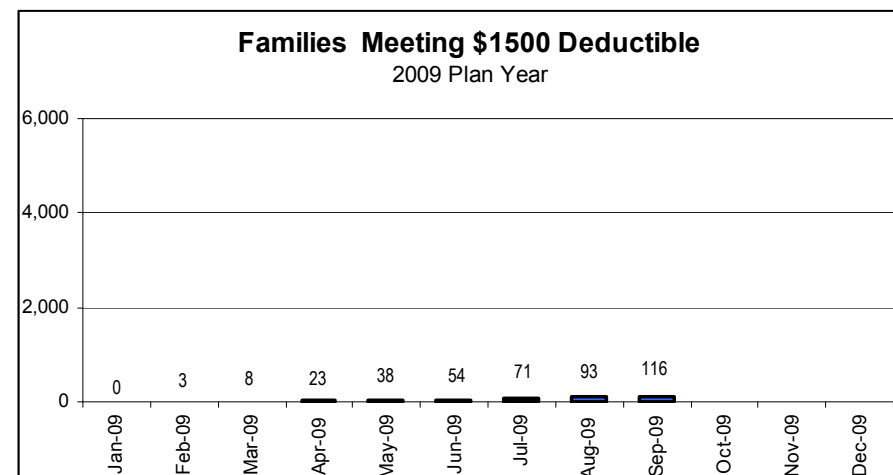
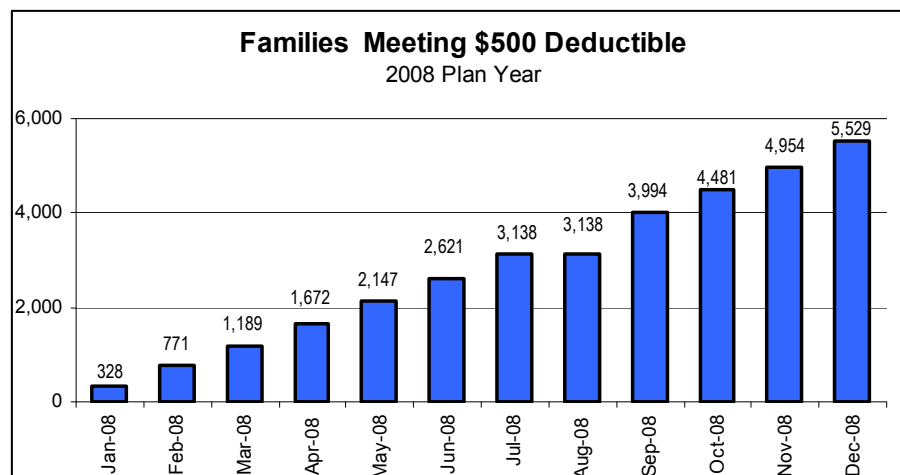
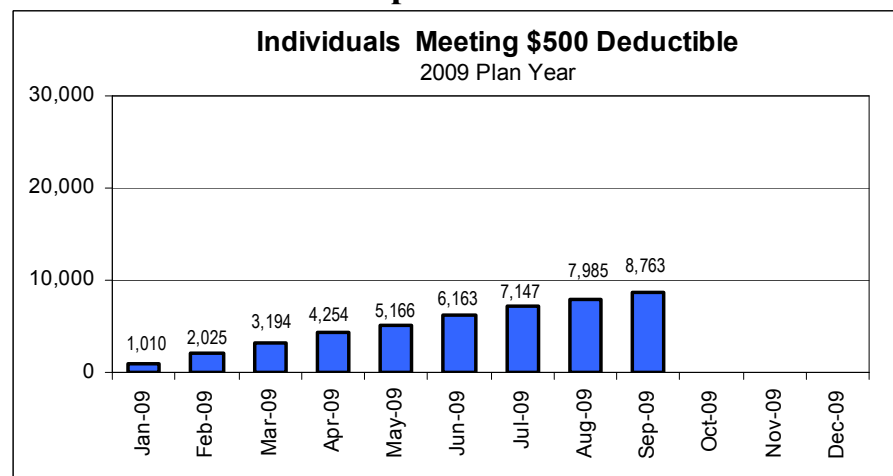
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Enhanced



Capitol Choice



Individuals and Families In Enhanced Plan

2005:	19.36%	of Individuals and	4.59%	of Families met their Deductibles.
2006:	21.52%	of Individuals and	7.23%	of Families met their Deductibles.
2007:	21.34%	of Individuals and	6.43%	of Families met their Deductibles.
2008:	21.95%	of Individuals and	6.69%	of Families met their Deductibles.

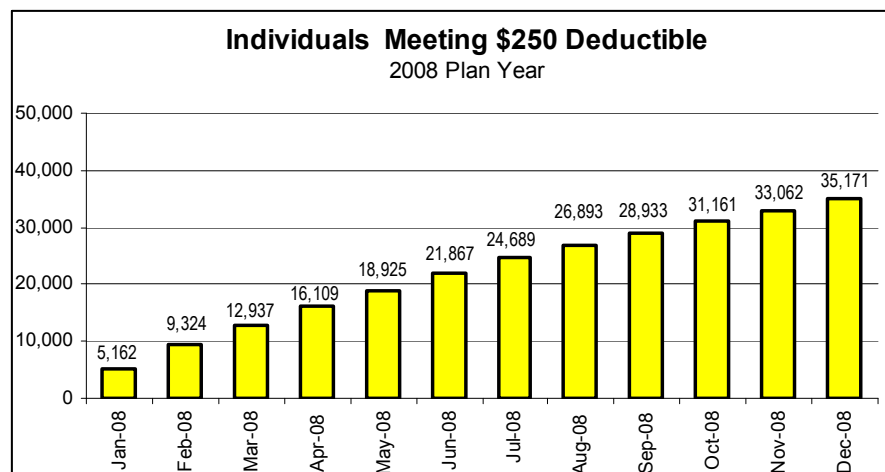
Individuals and Families In Capitol Choice Plan

2009:	22.22%	of Individuals and	0.38%	of Families met their Deductibles.
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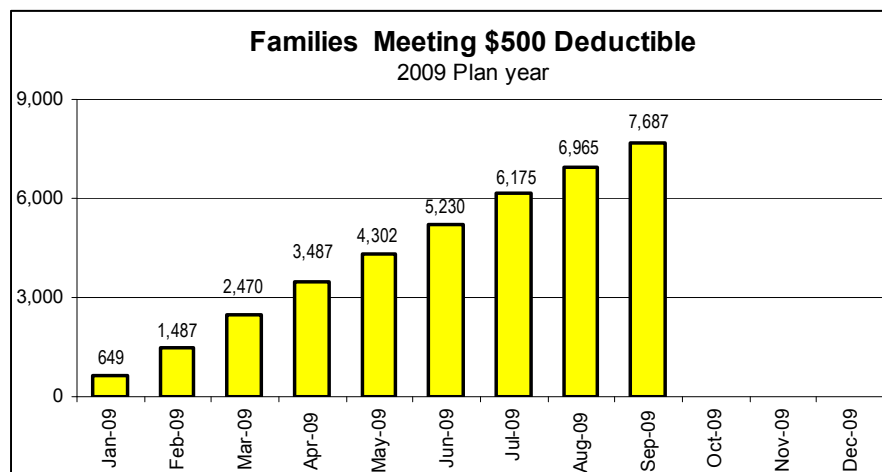
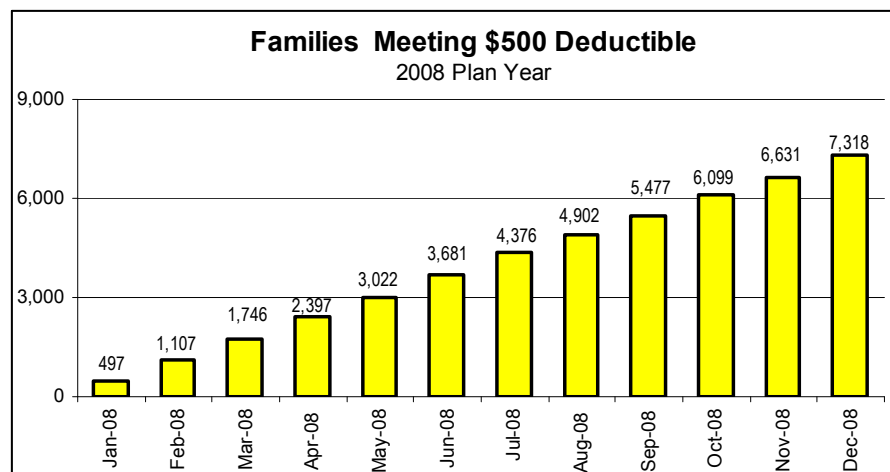
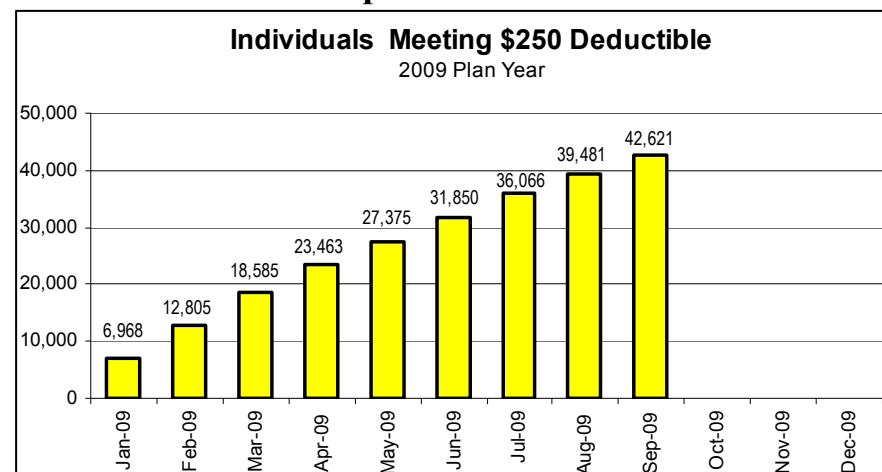
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Premier



Optimum PPO



Individuals and Families In Premier Plan

2005:	27.80%	of Individuals and	6.65%	of Families met their Deductibles.
2006:	30.15%	of Individuals and	9.95%	of Families met their Deductibles.
2007:	30.04%	of Individuals and	8.88%	of Families met their Deductibles.
2008:	30.51%	of Individuals and	9.06%	of Families met their Deductibles.

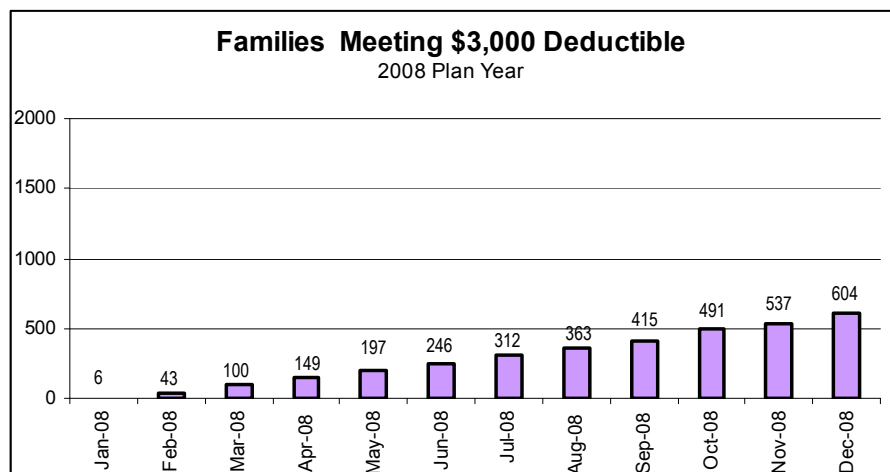
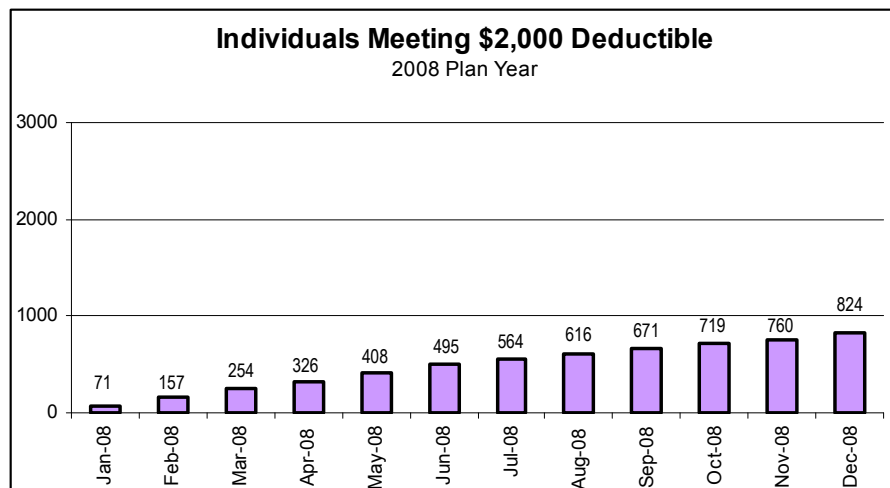
Individuals and Families In Optimum PPO Plan

2009:	22.41%	of Individuals and	6.60%	of Families met their Deductibles.
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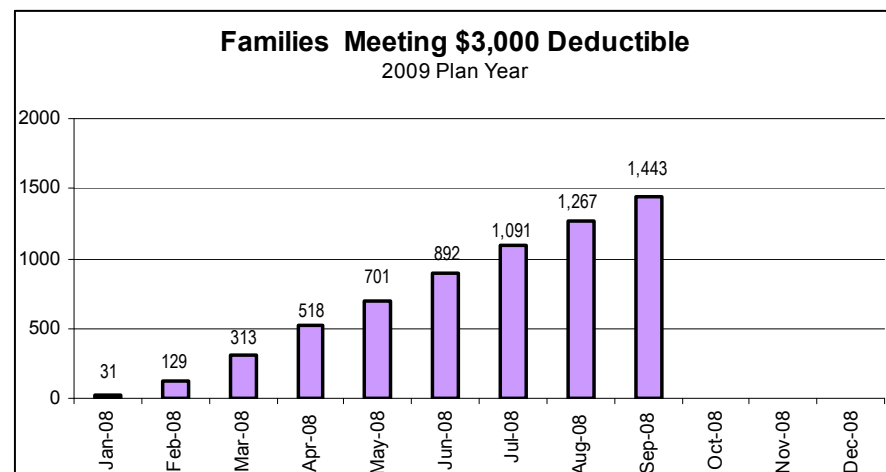
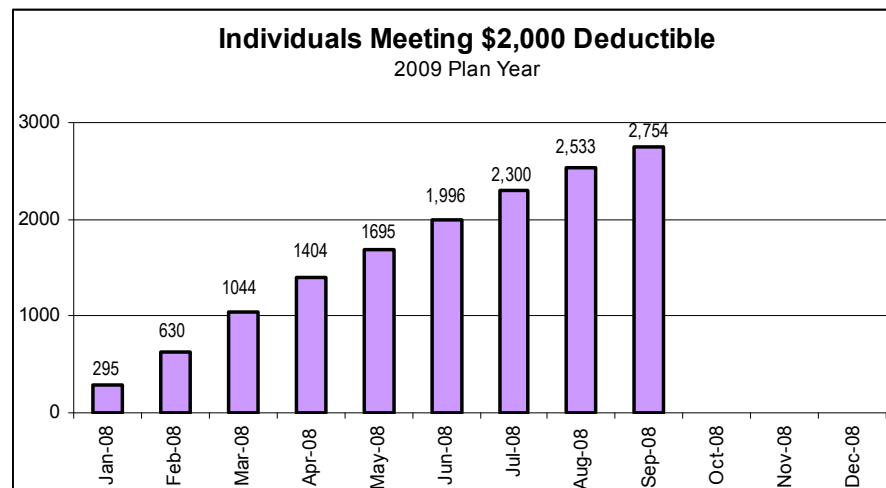
Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

The following details the number of individuals and families by plan that met their deductible for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Select



Maximum Choice



Individuals and Families in Select Plan

2007: **11.82%** of Individuals and **18.36%** of Families met their Deductibles.
 2008: **12.79%** of Individuals and **20.00%** of Families met their Deductibles.

Note: For the Select Plan, prescription drug coinsurance amounts are included in MOP totals.

Individuals and Families in Maximum Choice Plan

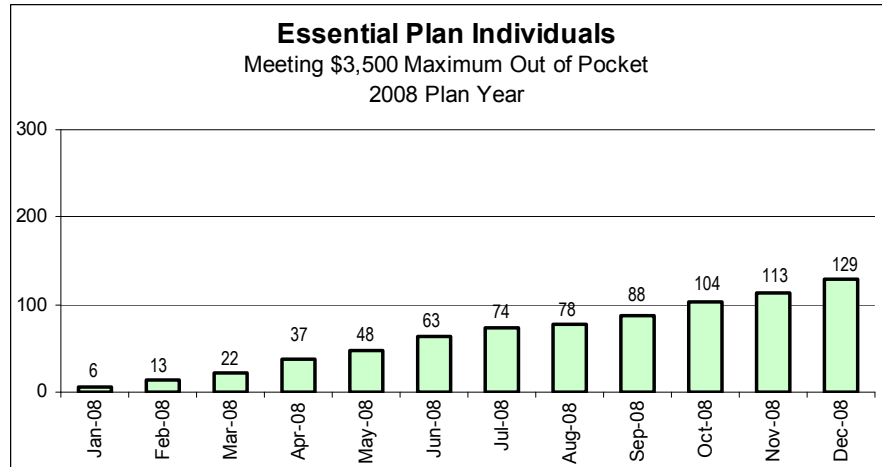
2009: **12.21%** of Individuals and **12.15%** of Families met their Deductibles.

Note: For the Maximum Choice Plan, prescription drug coinsurance amounts are included in MOP totals.

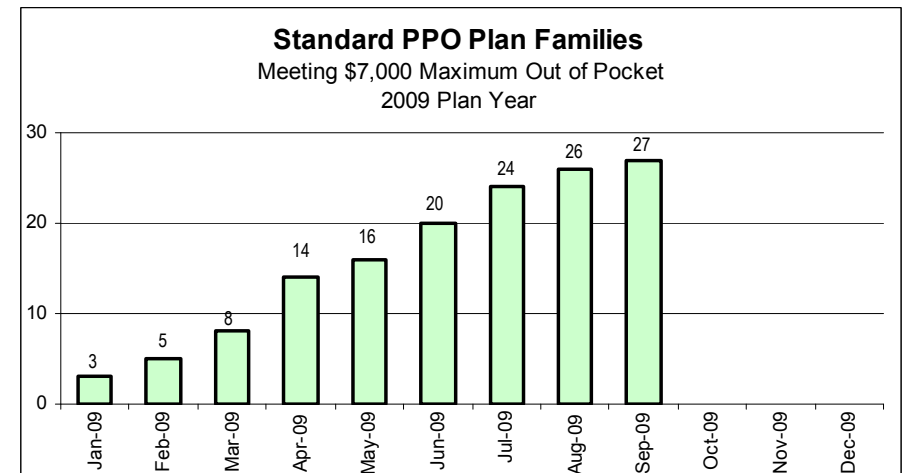
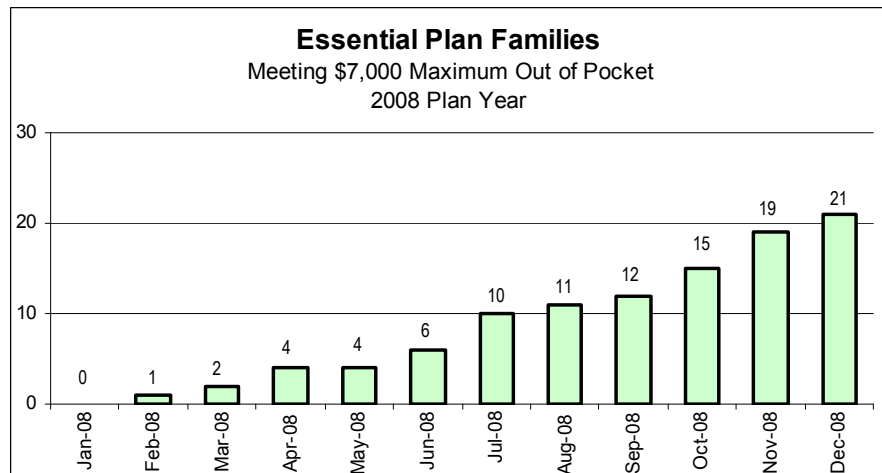
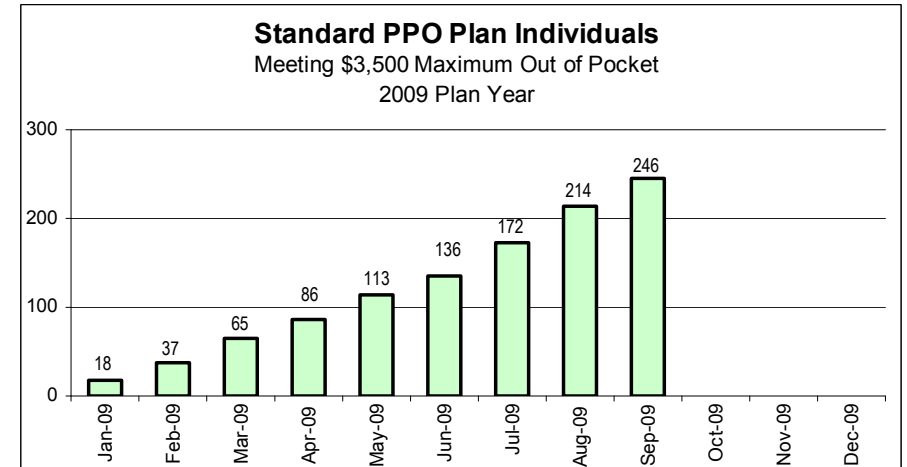
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Essential



Standard PPO



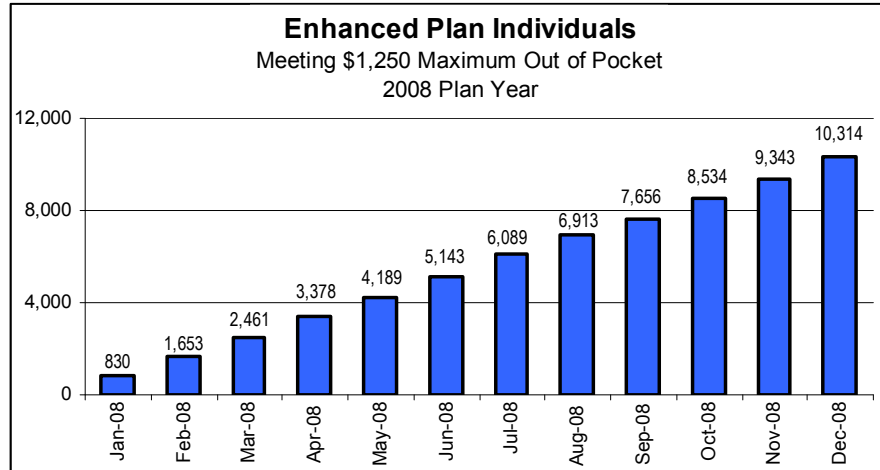
Individuals and Families in Essential Plan			
2005:	1.14%	of Individuals and	0.22% of Families met their MOPs.
2006:	2.96%	of Individuals and	1.08% of Families met their MOPs.
2007:	3.30%	of Individuals and	1.14% of Families met their MOPs.
2008:	4.01%	of Individuals and	1.51% of Families met their MOPs.

Individuals and Families in Standard PPO Plan			
2009:	4.07%	of Individuals and	0.65% of Families met their MOPs.

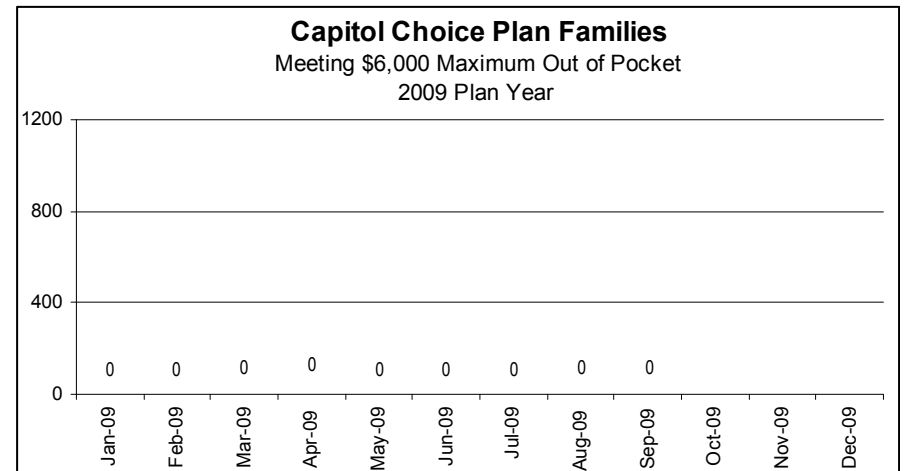
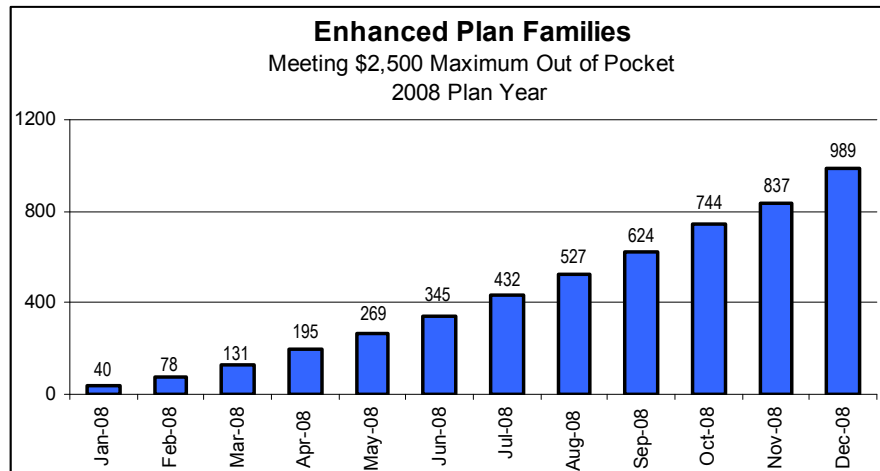
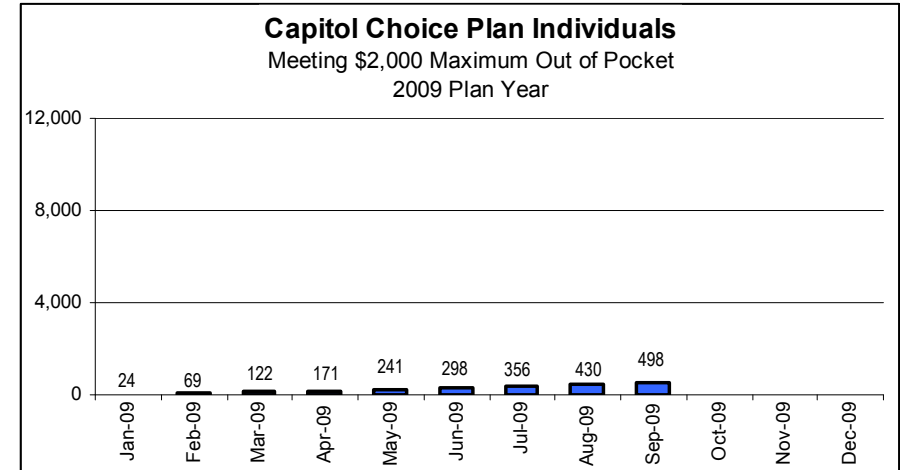
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Enhanced



Capitol Choice



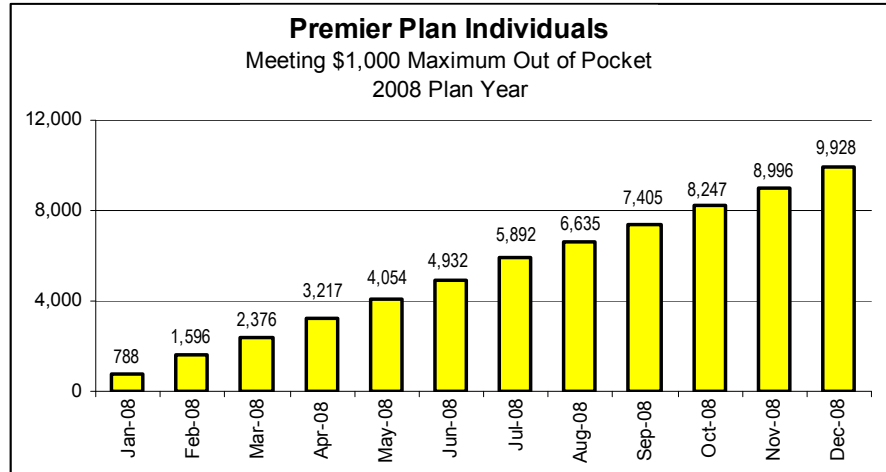
Individuals and Families In Enhanced Plan			
2005:	3.34%	of Individuals and	0.31% of Families met their MOPs.
2006:	5.80%	of Individuals and	0.94% of Families met their MOPs.
2007:	7.50%	of Individuals and	1.00% of Families met their MOPs.
In 2008:	8.10%	of Individuals and	1.20% of Families met their MOPs.

Individuals and Families In Capitol Choice Plan			
2009:	1.26%	of Individuals and	0.00% of Families met their MOPs.

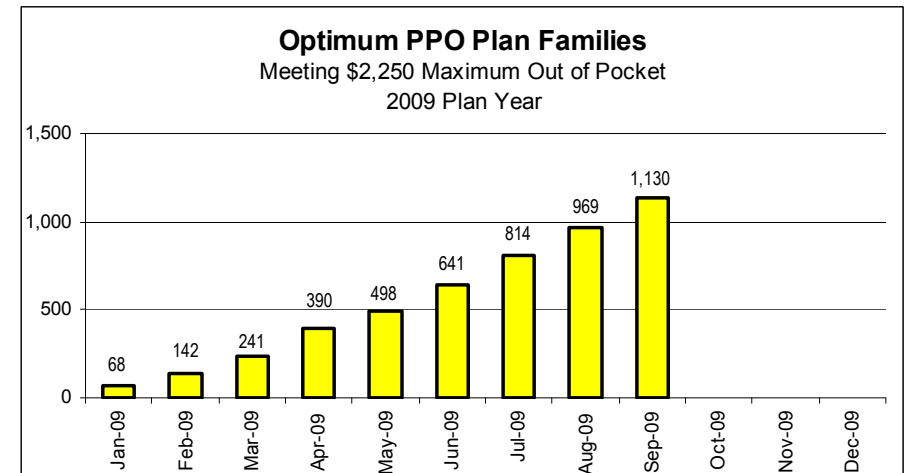
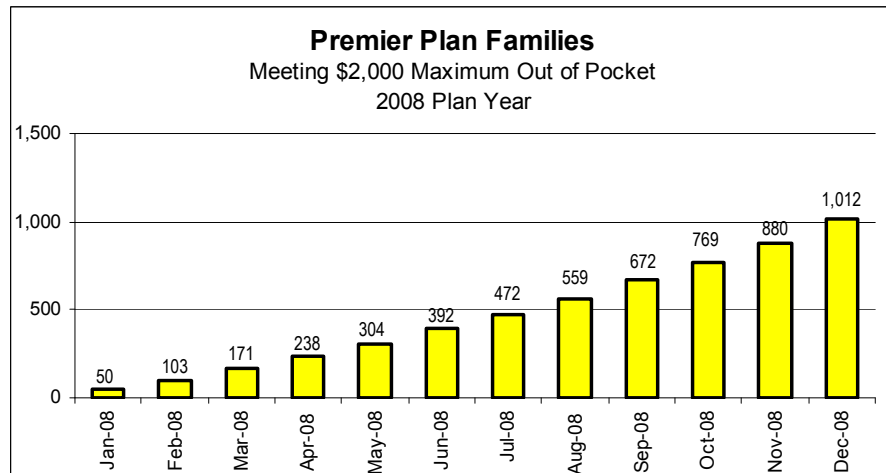
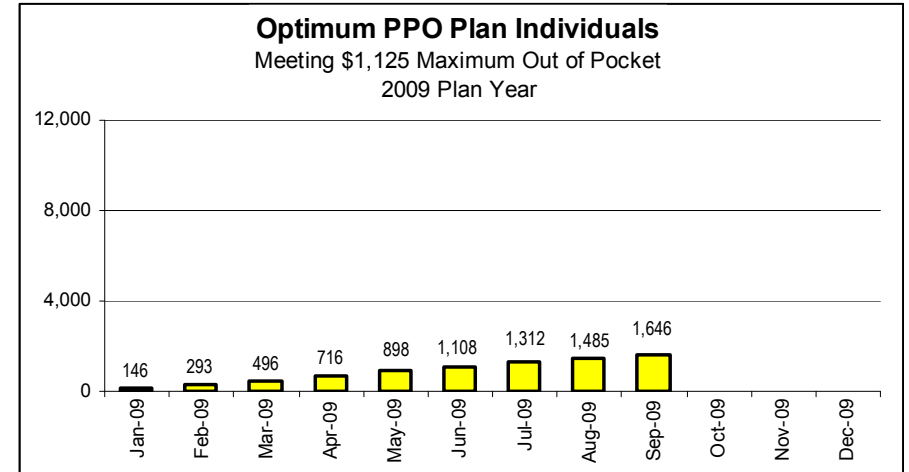
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Premier



Optimum PPO



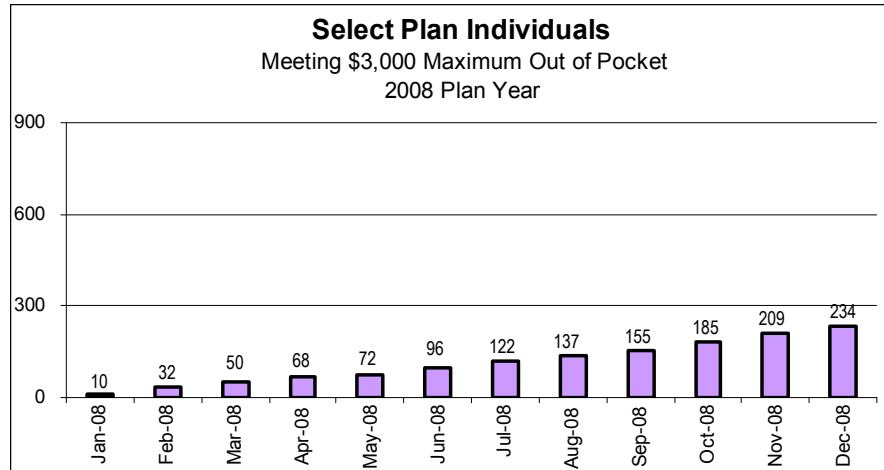
Individuals and Families In Premier Plan			
2005:	3.38%	of Individuals and	0.53% of Families met their MOPs.
2006:	6.70%	of Individuals and	1.17% of Families met their MOPs.
2007:	7.78%	of Individuals and	1.19% of Families met their MOPs.
2008:	8.61%	of Individuals and	1.25% of Families met their MOPs.

Individuals and Families In Optimum PPO Plan			
2009:	0.87%	of Individuals and	0.97% of Families met their MOPs.

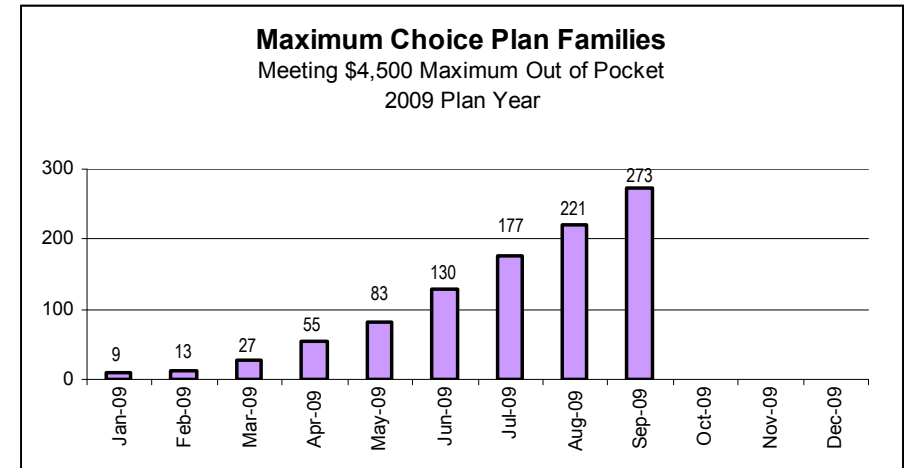
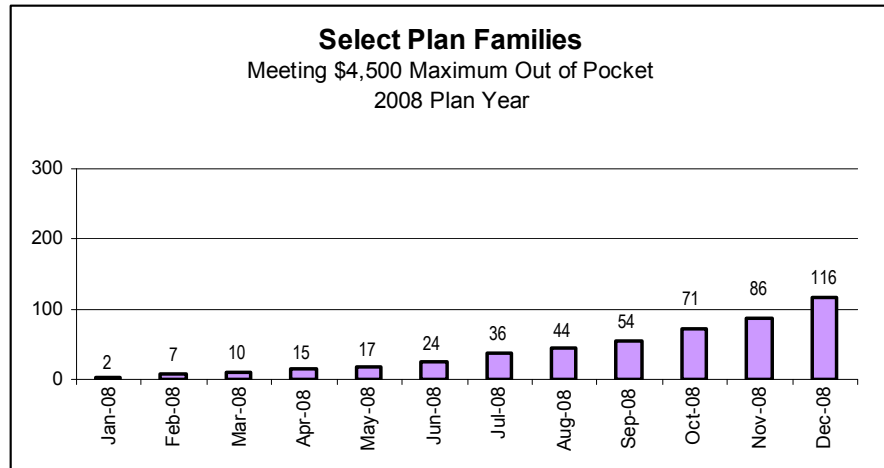
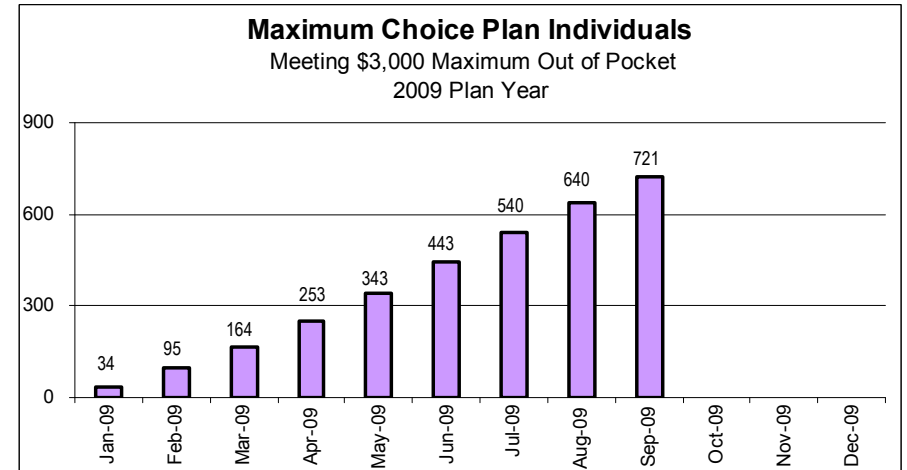
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket for the 2008 and 2009 Plan Years. This report is based on incurred claims.

Commonwealth Select



Maximum Choice



Individuals and Families in Select Plan

2007: **3.03%** of Individuals and **2.61%** Of Families met their MOPs.

2008: **3.63%** of Individuals and **3.84%** Of Families met their MOPs.

Note: For the Select Plan, prescription drug coinsurance amounts are included in MOP totals.

Individuals and Families in Maximum Choice Plan

2009: **3.20%** of Individuals and **2.30%** Of Families met their MOPs.

Note: For the Maximum Choice Plan, prescription drug coinsurance amounts are included in MOP totals.

Premium (or Premium Equivalent)

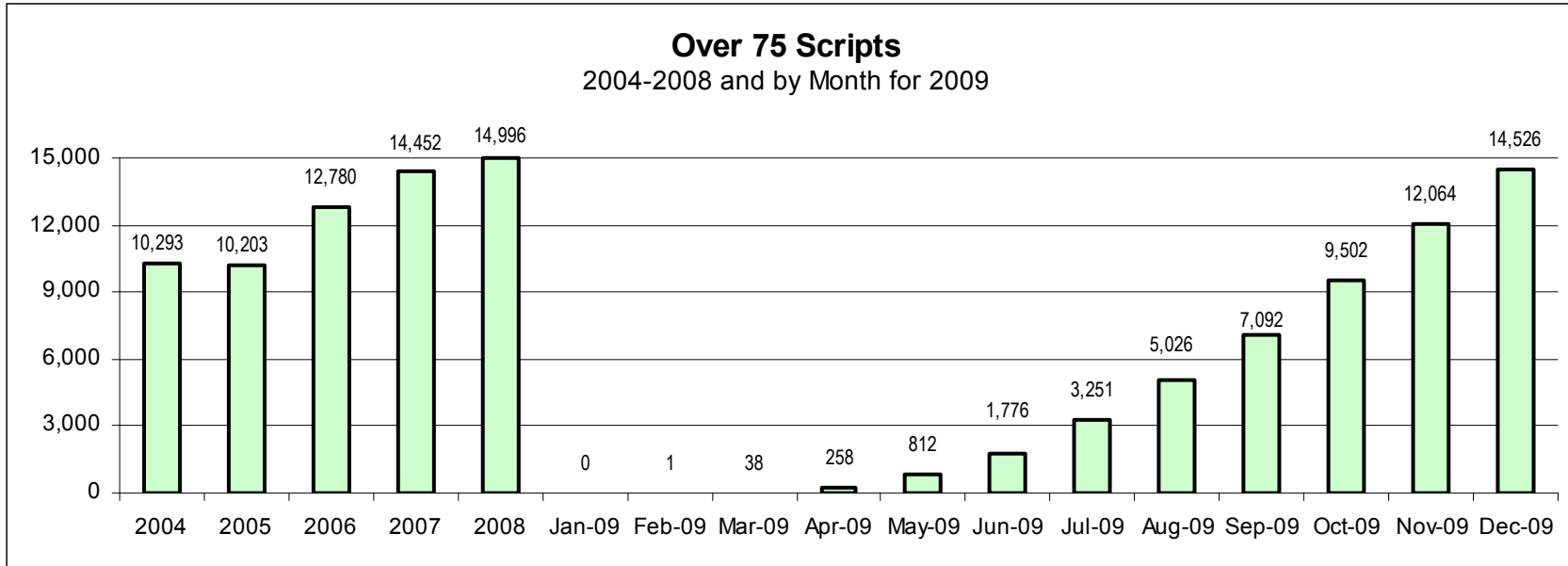
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2004-2008 and monthly through 2009.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2005	\$143,746,542	\$808,691,861	\$952,438,403
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,534,676	\$973,363,752	\$1,140,898,428
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
Jan-09	\$17,457,370	\$98,754,828	\$116,212,198
Feb-09	\$17,486,850	\$98,822,674	\$116,309,524
Mar-09	\$17,500,254	\$99,072,482	\$116,572,736
Apr-09	\$17,500,452	\$99,078,486	\$116,578,937
May-09	\$17,494,235	\$99,024,809	\$116,519,044
Jun-09	\$17,514,678	\$99,027,972	\$116,542,650
Jul-09	\$17,479,717	\$98,803,222	\$116,282,939
Aug-09	\$17,570,776	\$98,766,291	\$116,337,067
Sep-09	\$17,551,802	\$98,347,617	\$115,899,419
Oct-09	\$17,784,538	\$99,955,688	\$117,740,226
Nov-09	\$17,834,715	\$100,158,156	\$117,992,871
Dec-09	\$17,804,973	\$100,292,068	\$118,097,041

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004-2008 and by month for 2009. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$40 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2009:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	125,016	3,127,966	16.80	\$54.64	\$170,908,504.71
over 75	14,526	1,606,107	55.73	\$65.01	\$104,414,734.93
Total	139,542	4,734,073	22.01	\$58.16	\$275,323,239.64

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Jan-09	257,769	21,613	103,909	10,843	394,134	65.40%	92.26%
Feb-09	256,470	21,617	101,002	10,783	389,872	65.78%	92.23%
Mar-09	344,553	29,152	134,215	15,348	523,268	65.85%	92.20%
Apr-09	260,728	22,101	99,712	11,535	394,076	66.16%	92.19%
May-09	255,941	18,540	100,156	11,400	386,037	66.30%	93.25%
Jun-09	325,673	20,131	131,545	15,379	492,728	66.10%	94.18%
Jul-09	248,926	14,185	100,782	12,144	376,037	66.20%	94.61%
Aug-09	254,566	14,189	102,123	12,605	383,483	66.38%	94.72%
Sep-09	333,351	18,246	133,737	18,565	503,899	66.15%	94.81%
Oct-09	275,517	15,336	111,615	15,366	417,834	65.94%	94.73%
Nov-09	281,841	15,513	111,415	16,722	425,491	66.24%	94.78%
Dec-09	342,189	18,188	127,864	19,526	507,767	67.39%	94.95%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients **utilizing prescription benefits** and the associated costs for the most recent rolling year. Based on Incurred Claims.

Month	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Oct-08	253,081	167,464	437,788	1.72	3.16	\$71.07	\$61.65	\$16.29	\$24.62
Nov-08	253,584	163,781	416,249	1.63	3.02	\$70.09	\$60.78	\$15.27	\$23.65
Dec-08	253,976	164,496	462,429	1.81	3.26	\$71.40	\$62.21	\$16.73	\$25.83
Jan-09	254,764	159,919	416,285	1.62	3.05	\$70.89	\$57.71	\$21.54	\$34.32
Feb-09	255,233	161,961	407,462	1.59	2.96	\$70.84	\$58.04	\$20.44	\$32.21
Mar-09	255,966	171,244	463,428	1.80	3.15	\$70.58	\$58.13	\$22.55	\$33.70
Apr-09	256,288	164,693	427,288	1.66	3.07	\$71.51	\$59.35	\$20.27	\$31.54
May-09	256,558	162,266	423,255	1.64	3.06	\$71.62	\$59.68	\$19.69	\$31.12
Jun-09	256,758	163,002	422,062	1.63	3.10	\$73.32	\$61.55	\$19.36	\$30.49
Jul-09	256,600	163,794	420,438	1.63	3.11	\$73.68	\$62.17	\$18.86	\$29.55
Aug-09	256,661	164,111	422,922	1.63	3.07	\$73.27	\$61.95	\$18.65	\$29.16
Sep-09	256,192	170,263	434,703	1.68	3.08	\$72.39	\$61.25	\$18.90	\$28.43

**"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred Jan-Sep 2009

Rank	Prev Rank	Product Name	Brand/Generic	Therapeutic Classes	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	NEXIUM	Single source generic	Gastrointestinal Drugs	\$7,756,578.80	100.00%	40,498	\$5.21	7,849
2	2	CRESTOR	Single source brand	Cardiovascular Agents	\$5,110,207.58	100.00%	46,559	\$2.91	9,474
3	3	SINGULAIR	Single source generic	Respiratory Tract Agents	\$4,978,560.74	100.00%	46,640	\$2.96	10,915
4	4	ENBREL	Single source generic	Immunosuppressants	\$4,308,372.38	100.00%	1,973	\$61.67	411
5	6	HUMIRA	Single source generic	Immunosuppressants	\$3,783,755.27	100.00%	1,748	\$60.80	364
6	5	EFFEXOR-XR	Single source generic	Central Nervous System	\$3,765,402.47	100.00%	22,575	\$4.74	3,961
7	7	PLAVIX	Single source generic	Blood Form/Coagul Agents	\$3,750,438.39	100.00%	25,105	\$4.06	4,504
8	8	CYMBALTA	Single source brand	Central Nervous System	\$3,674,290.76	100.00%	23,607	\$4.53	4,614
9	9	ACTOS	Single source brand	Hormones & Synthetic Subst	\$3,353,926.31	100.00%	16,043	\$5.56	3,061
10	10	PANTOPRAZOLE SODIUM	Single source generic	Gastrointestinal Drugs	\$2,947,480.22	0.00%	24,559	\$3.35	4,882
11	11	LIPITOR	Single source generic	Cardiovascular Agents	\$2,827,867.04	100.00%	24,819	\$2.97	4,949
12	12	COPAXONE	Single source brand	Misc Therapeutic Agents	\$2,559,820.39	100.00%	816	\$81.35	163
13	13	PREVACID	Single source generic	Gastrointestinal Drugs	\$2,457,431.92	100.00%	13,379	\$4.89	3,338
14	14	TRICOR	Single source generic	Cardiovascular Agents	\$2,279,308.13	100.00%	20,561	\$2.92	4,106
15	15	LEXAPRO	Single source generic	Central Nervous System	\$2,269,204.29	100.00%	27,397	\$2.38	5,518
16	17	ABILIFY	Single source brand	Central Nervous System	\$2,086,185.99	100.00%	4,646	\$13.43	1,233
17	19	BETASERON	Single source brand	Antineoplastic Agents	\$1,826,990.52	100.00%	538	\$82.96	108
18	16	TOPAMAX	Single source generic	Central Nervous System	\$1,813,645.64	100.00%	5,992	\$8.83	2,474
19	18	LEVAQUIN	Single source generic	Anti-Infective Agents	\$1,808,227.97	98.56%	16,353	\$12.88	12,795
20	21	JANUVIA	Single source generic	Hormones & Synthetic Subst	\$1,776,766.28	100.00%	9,573	\$5.11	1,846
21	20	ADVAIR DISKUS 250/50	Single source brand	Hormones & Synthetic Subst	\$1,760,171.50	100.00%	8,826	\$5.65	3,028
22	22	CELEBREX	Single source brand	Central Nervous System	\$1,752,224.44	100.00%	11,653	\$4.01	2,786
23	23	LYRICA	Single source generic	Central Nervous System	\$1,533,551.90	100.00%	10,173	\$4.69	2,190
24	24	LANTUS	Single source generic	Hormones & Synthetic Subst	\$1,531,133.64	100.00%	8,342	\$5.37	1,894
25	25	DIOVAN HCT	Single source brand	Cardiovascular Agents	\$1,519,810.96	100.00%	17,399	\$2.28	3,136

*"Product Name" includes all strengths/formulations of a drug

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 12.50% of total scripts and 32.12% of total Rx expenditures..

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$73,924,810	479,719	16,923,790
All Product Names	\$230,176,252	3,837,843	113,006,918
Top Drugs as Pct of All Drugs	32.12%	12.50%	14.98%

Utilization

The top 25 clinical conditions based on incurred claims for Jan-Sep 2009.

Rank	Prev Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$44,407,767	\$7,187,433	\$36,565,167	2.55	8.87	389.28	13.84	67,959	\$653.45
2	2	Prevent/Admin Hlth Encounters	\$35,070,732	\$198,427	\$34,742,396	0.04	9.63	726.9	0.59	122,911	\$285.33
3	3	Coronary Artery Disease	\$32,324,128	\$19,444,735	\$12,865,197	4.49	3.55	64.63	2.53	7,723	\$4,185.44
4	4	Osteoarthritis	\$29,909,991	\$19,101,105	\$10,753,942	4.12	3.06	215.7	0.68	18,807	\$1,590.36
5	5	Gastroint Disord, NEC	\$28,382,324	\$5,149,989	\$23,221,096	2.16	4.24	160.55	17.8	30,230	\$938.88
6	6	Respiratory Disord, NEC	\$25,998,485	\$6,542,738	\$19,419,613	1.4	3.65	115.12	12.5	25,299	\$1,027.65
7	8	Spinal/Back Disord, Low Back	\$21,282,078	\$5,647,379	\$15,585,576	1.07	3.28	618.17	6.23	27,350	\$778.14
8	7	Arthropathies/Joint Disord NEC	\$20,825,423	\$1,402,967	\$19,336,929	0.49	3.43	453.33	6.99	44,985	\$462.94
9	9	Pregnancy w Vaginal Delivery	\$15,171,110	\$15,085,992	\$85,117	6.57	2.42	0.53	0.02	2,217	\$6,843.08
10	10	Spinal/Back Disord, Ex Low	\$14,128,544	\$3,109,332	\$10,996,366	0.45	3.41	612.76	2.99	21,279	\$663.97
11	11	Chemotherapy Encounters	\$13,824,658	\$2,817,258	\$11,006,699	0.69	3.74	1.32	0	416	\$33,232.35
12	12	Cardiovasc Disord, NEC	\$13,170,407	\$2,495,556	\$10,673,395	1.42	2.73	64.15	7.72	13,523	\$973.93
13	15	Condition Rel to Tx - Med/Surg	\$12,651,003	\$9,346,141	\$3,298,758	2.46	5.69	8.36	1.93	2,778	\$4,554.00
14	14	Renal Function Failure	\$12,575,997	\$1,805,582	\$10,577,679	0.44	5.36	17.05	0.36	1,994	\$6,306.92
15	13	Cancer - Breast	\$12,546,591	\$666,532	\$11,827,109	0.37	3.61	45.61	0.02	2,373	\$5,287.23
16	17	Infections - ENT Ex Otitis Med	\$11,544,168	\$282,921	\$11,256,232	0.35	2.29	595.87	9.23	77,666	\$148.64
17	16	Cholecystitis/Cholelithiasis	\$11,475,501	\$2,998,992	\$8,475,891	1.33	3.54	7.43	1.52	2,224	\$5,159.85
18	18	Newborns, w/w/o Complication	\$10,529,247	\$10,020,441	\$504,562	10.33	3.35	5.23	0.13	2,582	\$4,077.94
19	19	Infec/Inflam - Skin/Subcu Tiss	\$10,294,812	\$2,555,233	\$7,709,860	1.63	4.34	286.83	6.29	39,451	\$260.95
20	20	Gynecological Disord, NEC	\$9,335,647	\$847,352	\$8,486,668	0.47	2.21	96.34	1.49	19,944	\$468.09
21	21	ENT Disorders, NEC	\$8,977,839	\$256,059	\$8,716,621	0.16	2.9	709.27	2.83	34,271	\$261.97
22	23	Hypertension, Essential	\$8,494,233	\$1,240,072	\$7,198,667	0.64	3.43	323.82	1.84	43,367	\$195.87
23	22	Diabetes	\$8,458,492	\$1,500,046	\$6,917,457	0.75	4.77	214.18	1.47	20,917	\$404.38
24	25	Cardiac Arrhythmias	\$8,450,594	\$3,248,963	\$5,197,313	1.18	2.84	44.92	2	5,193	\$1,627.30
25	24	Hernia/Reflux Esophagitis	\$8,407,238	\$1,788,398	\$6,613,443	0.78	3.4	54.61	1.16	10,524	\$798.86

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 57.72% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$428,237,009	\$124,739,643	\$302,031,753	46.35	3.73	5,831.95	102.14
All Clinical Conditions	\$741,912,592	\$215,444,988	\$523,673,420	87.54	3.94	8,839.05	225.91
Top Clinical Conditions as Pct of All Clinical Conditions	57.72%	57.90%	57.68%	52.95%	94.68%	65.98%	45.21%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred Jan-Sep 2009.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	491	41.8	51.12%	72.51%	91.24%
Commonwealth Essential	4	5	100.00%	100.00%	100.00%
Commonwealth Premiere	835	38.3	68.26%	83.95%	88.98%
Commonwealth Select	49	85	10.20%	38.78%	73.47%
Capitol Choice	799,913	17.7	87.01%	94.97%	97.29%
Maximum Choice	341,450	18.6	86.09%	94.15%	96.78%
Optimum PPO	5,187,246	18.7	85.74%	94.32%	97.03%
Standard PPO	99,641	23.9	78.82%	91.10%	95.22%
~Missing	14,487	40.2	55.04%	79.76%	90.37%
All Plans	6,444,116	18.7	85.73%	94.30%	97.00%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09
Oct-08	\$2,707,894.14	\$1,866,107.50	\$906,079.69	\$1,292,776.26	\$337,272.97	\$146,680.84
Nov-08	\$9,187,402.01	\$3,390,401.92	\$1,275,266.72	\$722,632.21	\$231,705.90	\$155,966.86
Dec-08	\$43,254,717.57	\$9,022,659.66	\$2,221,485.30	\$1,774,533.05	\$467,075.90	\$434,738.87
Jan-09	\$51,123,334.57	\$35,914,337.01	\$6,825,284.71	\$2,618,893.64	\$1,095,903.87	\$967,965.92
Feb-09	N/A	\$50,494,225.14	\$37,683,975.33	\$5,857,474.36	\$2,335,048.69	\$755,743.70
Mar-09	N/A	N/A	\$62,805,356.22	\$37,708,122.31	\$5,957,587.88	\$3,192,095.40
Apr-09	N/A	N/A	N/A	\$58,384,095.65	\$39,848,044.22	\$6,007,258.59
May-09	N/A	N/A	N/A	N/A	\$54,598,166.53	\$37,880,627.10
Jun-09	N/A	N/A	N/A	N/A	N/A	\$62,173,844.14
Jul-09	N/A	N/A	N/A	N/A	N/A	N/A
Aug-09	N/A	N/A	N/A	N/A	N/A	N/A
Sep-09	N/A	N/A	N/A	N/A	N/A	N/A

	Month Paid					
Service Month	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
Oct-08	\$3,686.33	\$22,673.86	\$2,026.98	(\$7,562.61)	\$44,644.33	\$12,984.40
Nov-08	\$383,408.71	\$233,013.98	\$117,173.63	(\$10,785.70)	(\$12,905.79)	\$203.38
Dec-08	\$1,882.60	\$225,326.89	(\$207,336.41)	(\$8,605.36)	\$1,445.77	\$35,392.63
Jan-09	\$138,534.54	\$528,901.94	\$675,179.51	\$58,664.77	-\$4,702.73	-\$72,954.01
Feb-09	\$604,791.40	\$323,680.45	\$241,274.42	\$122,696.72	\$52,293.16	(\$17,793.93)
Mar-09	\$1,122,431.15	\$284,629.57	\$696,836.94	(\$21,163.67)	(\$25,716.70)	(\$81,858.39)
Apr-09	\$2,199,903.14	\$1,094,590.42	\$404,936.31	\$304,661.20	\$122,664.85	\$2,410.60
May-09	\$6,511,603.91	\$1,730,126.38	\$581,618.24	\$777,850.11	\$681,358.61	(\$34,275.77)
Jun-09	\$44,917,386.01	\$5,849,358.88	\$2,232,543.36	\$798,812.78	\$393,612.66	\$85,319.43
Jul-09	\$63,517,173.38	\$43,608,187.05	\$6,377,666.01	\$2,112,555.62	\$1,292,733.38	\$764,922.06
Aug-09	N/A	\$57,200,443.35	\$42,071,875.18	\$5,262,986.33	\$1,912,194.21	\$831,219.84
Sep-09	N/A	N/A	\$61,641,086.33	\$39,647,697.15	\$6,149,945.38	\$2,190,567.39

Claims Distribution Based on Age/Gender

The following is based on claims incurred Jan-Sep 2009.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,234	\$8,116,718.95	\$6,579.70	1,272	\$11,217,873.94	\$8,820.47
Ages 1-4	5,259	\$6,071,850.24	\$1,154.52	5,414	\$7,239,212.72	\$1,337.13
Ages 5-9	7,056	\$6,232,826.80	\$883.34	7,351	\$7,713,084.01	\$1,049.27
Ages 10-14	7,868	\$9,158,660.11	\$1,164.07	8,243	\$11,106,404.51	\$1,347.44
Ages 15-17	5,023	\$8,337,798.61	\$1,660.02	5,368	\$7,925,820.13	\$1,476.41
Ages 18-19	3,469	\$6,287,051.21	\$1,812.40	3,517	\$4,325,715.53	\$1,229.94
Ages 20-24	7,277	\$14,681,151.23	\$2,017.42	6,337	\$8,027,110.33	\$1,266.65
Ages 25-29	8,654	\$24,997,703.19	\$2,888.54	4,216	\$6,233,092.69	\$1,478.30
Ages 30-34	9,488	\$32,180,419.83	\$3,391.73	5,131	\$9,992,036.47	\$1,947.35
Ages 35-39	11,455	\$38,289,764.70	\$3,342.57	6,105	\$14,576,491.50	\$2,387.67
Ages 40-44	12,349	\$45,894,561.44	\$3,716.49	6,642	\$19,483,236.67	\$2,933.47
Ages 45-49	14,978	\$65,003,636.25	\$4,339.97	8,251	\$30,953,956.07	\$3,751.59
Ages 50-54	18,090	\$92,600,339.58	\$5,118.81	10,473	\$51,079,481.61	\$4,877.35
Ages 55-59	20,571	\$115,557,644.85	\$5,617.58	13,028	\$75,792,423.12	\$5,817.66
Ages 60-64	18,200	\$120,854,478.61	\$6,640.36	12,248	\$85,152,582.38	\$6,952.59
Ages 65-74	1,850	\$13,136,784.16	\$7,102.12	1,324	\$11,376,308.26	\$8,594.97
Ages 75-84	116	\$994,208.07	\$8,541.31	102	\$1,312,740.79	\$12,882.64
Ages 85+	8	\$185,183.58	\$22,311.27	1	\$0.00	\$0.00

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2005, 2006, 2007, 2008 and year to date for 2009.

Allowed Amount	2005	2006	2007	2008	2009
less than 0.00	90	9	16	23	6
\$0.00 - \$499.99	50,002	54,058	53,891	53,558	61,076
\$500.00 - \$999.99	29,232	32,931	33,830	34,188	37,157
\$1,000.00 - \$1,999.99	35,407	40,360	42,464	42,321	43,596
\$2,000.00 - \$4,999.99	47,471	54,430	56,819	58,566	54,224
\$5,000.00 - \$9,999.99	26,210	30,373	32,271	34,497	27,515
\$10,000.00 - \$14,999.99	9,138	10,608	11,983	13,240	10,164
\$15,000.00 - \$19,999.99	4,055	4,726	5,470	6,337	4,701
\$20,000.00 - \$29,999.99	3,539	4,284	5,050	5,935	4,254
\$30,000.00 - \$49,999.99	2,312	2,844	3,268	3,825	2,868
\$50,000.00 - \$74,999.99	932	1,090	1,306	1,495	1,144
\$75,000.00 - \$99,999.99	390	465	536	592	440
\$100,000.00 - \$149,999.99	299	354	406	502	370
\$150,000.00 - \$199,999.99	116	117	160	191	123
\$200,000.00 - \$249,999.99	57	60	81	84	64
over \$249,999.99	74	99	127	154	103
Total	209,324	236,808	247,678	255,508	247,805

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Oct 2008	253,081	\$115,285,587.35	\$88,296,443.65	\$26,989,143.70	793,140	346,710	437,788
Nov 2008	253,584	\$104,447,330.42	\$79,147,359.52	\$25,299,970.90	726,313	302,125	416,249
Dec 2008	253,976	\$115,801,478.71	\$87,034,037.20	\$28,767,441.51	785,797	314,429	462,429
Jan 2009	254,764	\$99,869,343.74	\$75,845,838.07	\$24,023,505.67	715,197	288,700	416,285
Feb 2009	255,233	\$98,453,409.44	\$74,804,357.06	\$23,649,052.38	721,089	304,812	407,462
Mar 2009	255,966	\$111,638,320.71	\$84,700,838.37	\$26,937,482.34	820,331	346,569	463,428
Apr 2009	256,288	\$108,368,564.98	\$83,007,204.78	\$25,361,360.20	764,638	327,905	427,288
Jun 2009	256,758	\$116,450,877.26	\$90,472,931.76	\$25,977,945.50	761,353	328,924	422,062
May 2009	256,558	\$102,727,075.11	\$77,465,962.39	\$25,261,112.72	730,075	297,011	423,255
Jul 2009	256,600	\$117,673,237.50	\$91,534,573.63	\$26,138,663.87	771,059	340,056	420,438
Aug 2009	256,661	\$107,278,718.91	\$81,078,167.12	\$26,200,551.79	747,295	313,920	422,922
Sep 2009	256,192	\$109,629,296.25	\$83,002,719.15	\$26,626,577.10	778,093	332,711	434,703

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Oct 2007 - Sep 2008	250,640	1,208,722,828	\$921,854,361	\$286,868,468
Oct 2008 - Sep 2009	257,265	1,315,604,105	\$1,004,266,257	\$311,337,848
% Change (Roll Yrs)	2.60%	8.80%	8.90%	8.50%